


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90450 003 ****70.00

DOCUMENT # N05000008937					
1. Entity Name 3500 CORPORATE PLAZA PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 2606 SOUTH HORSESHOE DR. NAPLES, FL 34104			Mailing Address 2606 SOUTH HORSESHOE DR. NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number Applied for	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASTINGS, CHERYL L 5551 RIDGEWOOD DR., SUITE 501 NAPLES, FL 34108			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTARAMIAN, JACK J		NAME		
STREET ADDRESS	365 FIFTH AVE. SOUTH, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEZESHKAN, F. FRED		NAME		
STREET ADDRESS	2606 SOUTH HORSESHOE DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMALAVAGE, RICHARD		NAME		
STREET ADDRESS	2606 SOUTH HORSESHOE DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	THOMAS A. MACLEOD	
STREET ADDRESS			STREET ADDRESS	315 5TH AVE. S, STE 201	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas A. MacLeod</i>		Vice Pres.		4/19/06 (239) 434-1600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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